



BETA-BLOCKER USE AFTER MYOCARDIAL INFARCTION CLINICAL PRACTICE GUIDELINE

Topic	Recommendations
Rationale	Beta-adrenergic receptor blocking agents may diminish myocardial oxygen demand by reducing heart rate, systolic arterial pressure and myocardial contractility. Additionally, chronic beta-adrenoceptor therapy reduces mortality through a reduction in incidence of sudden and non-sudden cardiac death.
Inclusion Criteria	Members with acute MI
Goals	Reduce morbidity and/or mortality during the initial hours of evolving infarction. Reduce morbidity and/or mortality in the weeks, months and years after the completed infarction.
Medication Reconciliation	Accurately and completely reconcile all medications patient is taking across the continuum. (National Patient Safety Goal)
Guideline	<p>For those members with acute MI without a relative contraindication to beta-adrenoceptor therapy, beta-adrenoceptor blocker therapy will be given during the initial hours of evolving infarction and the weeks, months and years after the completed infarction.</p> <p>Members with acute MI with a relative contraindication to beta-adrenoceptor therapy include:</p> <ul style="list-style-type: none"> ▪ HR < 60 bpm ▪ Systolic arterial pressure < 100mm hg ▪ Moderate or severe LV failure ▪ Signs of peripheral hypoperfusion ▪ PR interval > 0.24 ▪ 2nd or 3rd degree AV block ▪ Severe COPD ▪ Active asthma/reactive airways disease ▪ Severe PVD or ▪ IDDM <p>Risk/benefit ratio of beta-adrenergic receptor blocker therapy is evaluated for each patient individually and determination for use or non-use is made and documented in the member's medical record with a risk/benefit comparison outlined.</p>

Sources:

**Based upon American College of Cardiology & American Heart Association Guidelines*

Reviewed and Approved:

Guidelines approved: 2/12/98 – Utilization Review

Reviewed/Updated: 5/28/02 – Clinical Quality Committee

Reviewed/Updated: 7/27/04 – Clinical Quality Committee

Reviewed/Updated: 8/7/08- Clinical Quality Risk Management Committee